



INGMAR MEDICAL

Respiratory Simulation Specialists

5940 Baum Blvd.  
Pittsburgh, PA 15206  
ingarmed.com

412.441.8228  
800.583.9910  
412.441.8404 fax

## IngMar Medical Purchasing Made Easy Checklist

Include the following information on your Purchase Orders and Submit to [sales@ingarmed.com](mailto:sales@ingarmed.com)

- Correct IngMar Medical Address** - IngMar Medical, 5940 Baum Blvd, Pittsburgh, PA 15206
- Complete Bill-to Address and invoice contact (name and email address)**
- Complete Ship-to Address with who the shipment should be made attention to and shipping contact for tracking information/ questions (name, email and phone REQUIRED)**
- Part number(s), Product Description(s), and Price(s)** - from your most recent valid quote
- Payment Terms:**
  - Domestic: Net 30
  - International: Prepayment is kindly requested
  - Refer to your most recent quote or contact [sales@ingarmed.com](mailto:sales@ingarmed.com) to confirm your payment terms, if necessary.
- Shipping & Handling:**
  - **Domestic:** Standard domestic shipping will be prepay and add, shipped UPS ground. If shipping is not added to your Purchase Order, it will be shipped via IngMar Medical prepay and add and this amount will appear on your order confirmation and invoice. If your preference is to ship via your (UPS, FedEx, or DHL) account, please provide account details on your Purchase Order. Expedited shipping and/ or shipping insurance is available and must be requested on your Purchase Order.
  - **International: Shipping charges must appear on your Purchase Order.** International shipping will be prepay and add, shipped UPS standard. To ship via our account, shipping charges must be quoted in advance and included on your Purchase Order. If your preference is to ship via your (UPS, FedEx, or DHL) account, please provide account details on your Purchase Order. Expedited shipping and/ or shipping insurance is available and must be requested on your Purchase Order.
- Tax Exempt Certificate** - If you are tax exempt, please provide a copy of your state's applicable exempt organization certificate with your Purchase Order. If you are not tax exempt, please specify this on your Purchase Order.
- Terms and Conditions** - By submitting your order, you are agreeing to comply with our [Terms and Conditions](#). If you require negotiation to proceed, it is your responsibility to make these negotiations with IngMar Medical.

Include the following information either on your Purchase Order or in the email submission

- Who is the end user? (name and email)
- Who would like to receive the order confirmation? (name and email)
- Who should be contacted to schedule training, if applicable? (name and email)
- For service requests, what is the serial number of the product?

#### Additional Information

- Delivery Date** - If a delivery date appears on your Purchase Order, please specify whether it is valid or if it is automatically generated and can be disregarded.
- Payment Methods:**
  - Wire Transfer - For banking information, please contact [support@ingmarmed.com](mailto:support@ingmarmed.com). IngMar Medical does not accept sender's bank charges or intermediary bank charges.
  - Check - Please reference your invoice number, if possible, and remit payment to IngMar Medical, 5940 Baum Blvd, Pittsburgh, PA 15206.
  - Credit Card - We accept VISA, MasterCard, American Express, Discover. For orders over \$5,000, please contact us at [sales@ingmarmed.com](mailto:sales@ingmarmed.com).
- Please email [sales@ingmarmed.com](mailto:sales@ingmarmed.com) to request the latest IngMar Medical W9
- New Vendor Application** - Please send all vendor applications to [sales@ingmarmed.com](mailto:sales@ingmarmed.com).
- Tax** - If state mandated thresholds are not met, sales tax will not be included and it will be the customer's responsibility to remit tax fees to their state.
- IngMar Medical Tax ID** - Federal Tax ID: 25-1780998, PA State Sales Tax ID: 80043438

#### Next Steps

- Order Confirmation** - After IngMar Medical determines your Purchase Order is in accordance with the stipulations listed above, your specified contact(s) will receive an order confirmation within 48 hours. An estimated ship date will be included. Please review the order confirmation for accuracy.
- Order Shipment** - Your specified shipping contact(s) will receive shipment notifications via UPS, Fedex, or DHL.
- Invoice** - The Accounts Payable email address provided on your Purchase Order will receive an invoice after your order ships. For questions on invoicing, please contact us at 412-441-8228 x101 (toll free: 800-583-9910 x101) or email [jwade@ingmarmed.com](mailto:jwade@ingmarmed.com)
- Post-Order Support** - Client Success may contact you to provide product support and/ or schedule purchased training.

For assistance, contact Client Success at 412-441-8228, Option 1 (toll free: 800-583-9910 x128) or email [support@ingmarmed.com](mailto:support@ingmarmed.com).